

Giving Voice to People Living with Obesity

The Obesity Action Coalition

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Current Concepts in the Management of Obesity

CONFERENCE

Disclosures

- **Consulting Fees**
 - 3D Communications
 - Eisai
 - EnteroMedics
 - Novo Nordisk
 - The Obesity Society

Objective

Describe how a high prevalence of both explicit and implicit weight bias leads to discrimination in education, healthcare, employment, and social interactions

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How Bias Drives Discrimination and Undermines Progress

What Is Weight Bias?

- Negative attitudes toward individuals with obesity
- Stereotypes leading to:
 - Stigma
 - Rejection
 - Prejudice
 - Discrimination
- Expressed in words, actions, relationships, online interactions
- Subtle and overt



Weight Bias Invades Every Corner of Life

Substantial evidence of bias in:

- Media
- Employment
- Education
- Interpersonal Relationships
- Youth
- Healthcare



Weight Bias in the Media

- Stereotypical portrayals
- Abundant but often ignored
- Reinforces social acceptability of bias
- Affects public perceptions about obesity



Weight Bias in Employment

Population Studies

Experimental Research

Inequitable hiring practices
Prejudice from employers
Lower wages
Disciplinary action
Wrongful job termination

The Washington Post

Too fat to fly? Air India grounds 130 flight attendants for being overweight

Students with Obesity Face

- **Harassment and bullying**
 - From other students
 - From teachers
- **False and low expectations from teachers**
- **Barriers to opportunities**



Weight Bias Persists in Universities

- **Candidates for undergraduate admission**
 - Identical but for weight status
 - Candidates with obesity judged less qualified
- **Study of graduate psychology programs**
 - Interviews favored thinner candidates
 - Regardless of qualifications



Healthcare Providers Express Bias Against People with Obesity

- Non-compliant
- Lazy
- Lack self-control
- Awkward
- Weak-willed
- Sloppy
- Unsuccessful
- Unintelligent
- Dishonest

Sources:

Berryman et al., 2006; Creel & Tillman, 2011; Ferrante et al., 2009; Gujral et al., 2011; Hebl & Xu, 2001; Huizinga et al., 2009, 2010; Miller et al., 2013; Pantenburg et al., 2012; Pascal & Kurpius, 2012; Phelan et al., 2014; Puhl et al., 2013, 2014;



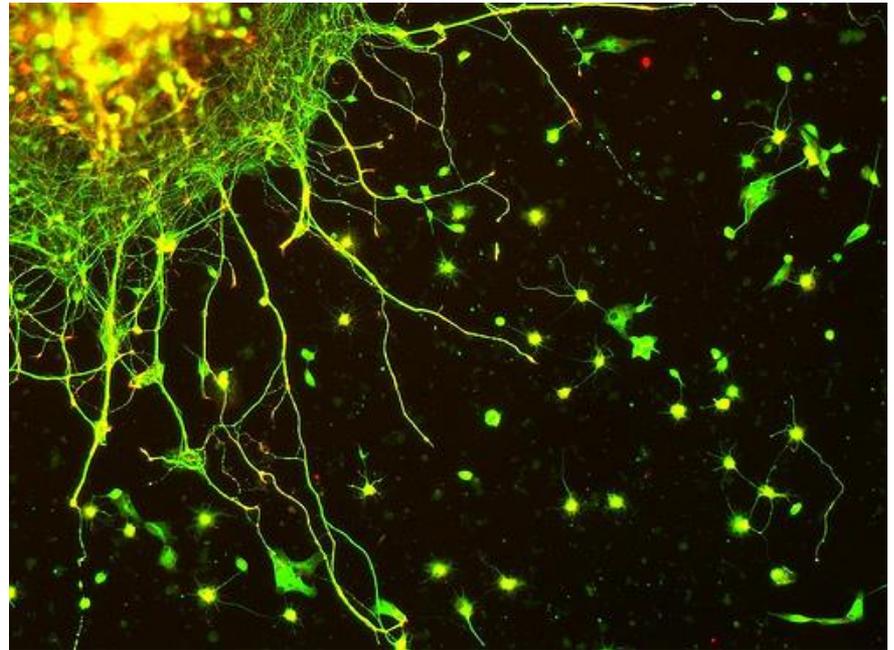
Weight Bias Matters Because

- It's no different from any other bigotry
- Violation of human dignity
- Dehumanizes people
- Waste of human potential
- Barrier to overcoming obesity



Except for Our Biases Obesity Is Much Like Other Diseases

- **Biology is the dominant driver**
- **Environment shapes biological responses**
 - Food supply
 - Barriers to physical activity
 - Environmental pollution
 - Microbes
 - Trauma & stressors
 - Many other factors
- **Personal choices can help or hurt**



Pervasive Bias

Affects Every Aspect of Obesity

- Research affected by a dearth of curiosity
- Prevention efforts weakened by measurement gaps
- Access to care limited by patient experiences, provider bias, and health plans
- Quality of care suffers when patients are blamed
- Conflicting agendas get in the way of healthcare

Encountering Bias

Discourages Patients from Seeking Care

- **Delaying appointments**
- **Avoiding routine preventive care**
- **Seeking care in emergency departments**
- **More frequent doctor shopping**



Health Plans Discourage People from Seeking Obesity Treatment

- Routine policy exclusions for obesity
“Regardless of any potential health benefit”
- Lifetime procedure caps
- High out of pocket costs
- Problematic reimbursement rates and procedures



Bias Compromises Quality of Care

- Less empathetic care
- Less preventive care
- Patients feel berated and disrespected
- Obesity blamed for every symptom



“You could walk in with an ax sticking out of your head and they would tell you your head hurt because you are fat.”

Sources: Anderson & Wadden, 2004; Bertakis & Azari, 2005; Brown et al., 2006; Edmunds, 2005; Turner et al., 2012; Mulherin et al., 2013

Stigma Sometimes Rationalized as Motivating

“By trying to prevent stigmatization, they [advocacy groups] have encouraged overweight people to continue their unhealthy habits.”

- Robert Dorgazi, MD
AJM, Mar 2015

Research Shows that Stigma Actually Makes Things Worse

- Research shows weight discrimination doubles the risk of developing obesity
- And triples the risk of persistent obesity
- Encouragement, not blame, is needed



The Cycle of Obesity, Weight Bias, and Complications



Source: UConn Rudd Center

Sara FL Kirk:

**“Being weight bias aware is about
humanizing obesity”**

Obesity Is a Disease, Not a Choice

Research shows

- People reject bias when they understand the external causes of obesity
- People express bias when they perceive it as a choice



Sources: Crandall, 1994; Crandall & Moriarty, 1995; Crandall et al., 2001; DeJong, 1993; Puhl, Schwartz, Brownell, 2005.

Assuring that Your Practice Is Bias-Free

- Awareness
- A welcoming physical environment
- Respectful language
- Clients at the center of everything you do



People Prefer Language Free of Bias and Stigma

Least Stigmatizing

- Weight
- Unhealthy weight
- High BMI

Most Motivating

- Unhealthy weight
- Overweight

Most Stigmatizing

- Fat
- Morbidly obese

Least Motivating

- Fat
- Morbidly obese
- Chubby

Being Labeled “Obese” Marginalizes People with Obesity

People-first language

- Preferred for disabilities and chronic diseases
- Labels put people in a box
- “I know what kind of person you are”
- “Obese” is a label to reject
- Obesity is a disease, not an identity

Labels are disrespectful

- People who use “obese” labels display more bias against people with obesity
- People with obesity reject HCPs labeling them as “obese”
- Women especially reject being called “obese”

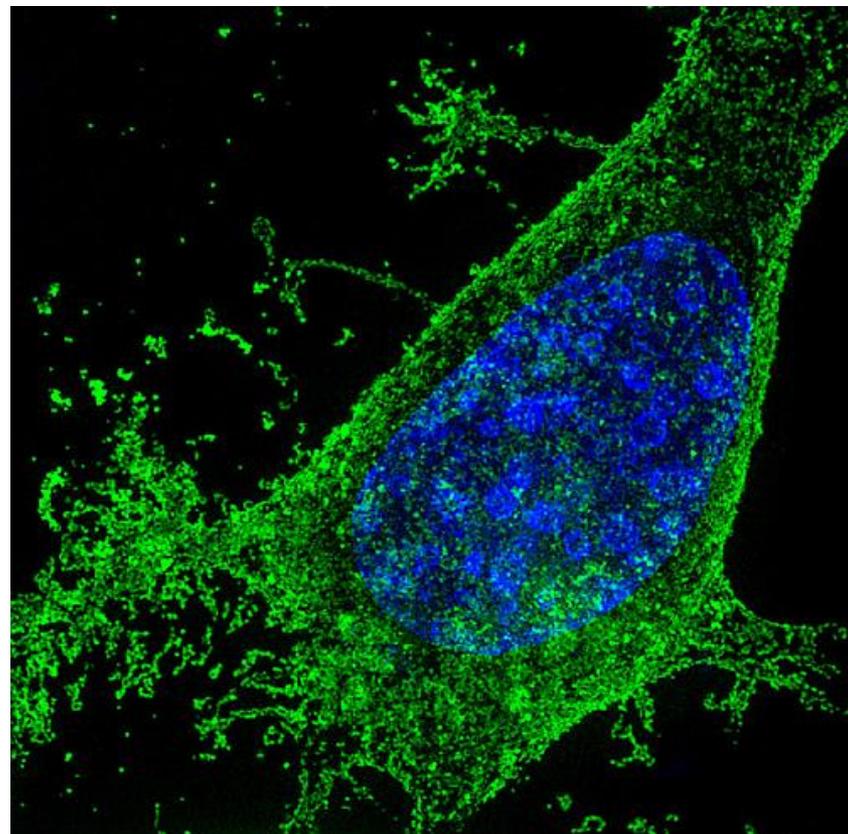
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The Value of a Strong Voice for People Living with Obesity

Experience with HIV Stigma Provides Useful Learning

Key Principles

- **Address Drivers**
 - Shame & blame
 - Misinformation
 - Fears
- **Connect people affected to experts & policymakers**
 - Prevention strategies
 - Role models
- **People affected at the center**
 - Build networks
 - Empower people affected
 - Address self-stigma



Sources: Janet Turan, Reducing HIV-Related Stigma in Healthcare Settings, presented at the National Academies; Laura Nyblate, Research Triangle Institute

The Obesity Action Coalition

- Created in 2005
- After a legislator
- Pointed to the absence of a voice in policy
- For people living with obesity



Building Momentum for the Future

Core Values

- Individuals affected by obesity should be treated with the same level of **compassion, dignity and respect** as those with other serious medical conditions.
- **Access to evidence-based medical care** without undue limitations on access or excessive copays.
- **No stigma or discrimination** against people because of their weight or how they deal with it

Effort Priorities

- Education
- Advocacy
- Support



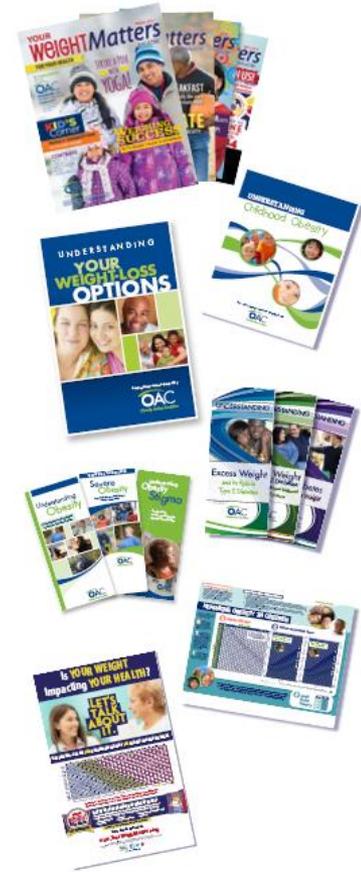
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August 25-28, 2016
Washington, DC

OAC's
5th Annual
Your Weight Matters
National Convention

Gaylord National Resort and Convention Center

A nighttime photograph of the US Capitol building in Washington, DC, with the Gaylord National Resort and Convention Center visible in the foreground. The Capitol is brightly lit, and the resort is also illuminated.

Summary



- **Pervasive bias compromises research, practice, health, and policy**
- **Humanizing obesity is key to reducing bias**
- **A strong voice for people living with obesity is essential**
- **Progress is coming from empowering people, confronting bias, access to care, innovative research**

More Information

- www.conscienhealth.org/news
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